REPORT DOCUMENTATION PAGE

Form Approved
OMB No. 0704-0188

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.

1. REPORT DATE *(DD-MM-YYYY)*	2. REPORT TYPE	3. DATES COVERED *(From - To)*
02/16/2018	Presentation	02/16/2018-02/20/2018

4. TITLE AND SUBTITLE
Secondary cutaneous amyloidosis associated with mycosis fungoides

5a. CONTRACT NUMBER

5b. GRANT NUMBER

5c. PROGRAM ELEMENT NUMBER

6. AUTHOR(S)
Cpt Kate Kimes

5d. PROJECT NUMBER

5e. TASK NUMBER

5f. WORK UNIT NUMBER

7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)
59th Clinical Research Division
1100 Willford Hall Loop, Bldg. 4430
JBSA-Lackland, TX 78236-9908
210-292-7141

8. PERFORMING ORGANIZATION REPORT NUMBER
17347

9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES)
59th Clinical Research Division
1100 Willford Hall Loop, Bldg. 4430
JBSA-Lackland, TX 78236-9908
210-292-7141

10. SPONSOR/MONITOR'S ACRONYM(S)

11. SPONSOR/MONITOR'S REPORT NUMBER(S)

12. DISTRIBUTION/AVAILABILITY STATEMENT
Approved for public release. Distribution is unlimited.

13. SUPPLEMENTARY NOTES

14. ABSTRACT

Secondary localized cutaneous amyloidosis is often not clinically apparent, but may be seen histologically. It is associated with several skin tumors, and has been reported with PUVA use. To date, there are three reported cases of secondary localized cutaneous amyloidosis associated with mycosis fungoides prior to any treatment. We present a case of a 39-year-old female who presented to the dermatology clinic for evaluation of facial acne. During the exam, several 5-10mm hypopigmented patches were noted on the bilateral ventral forearms. Upon questioning, the patient reported a 16 year history of these asymptomatic lesions which had been diagnosed as vitiligo; she denied prior treatments. No lymphadenopathy was noted. Under wood's lamp, the lesions did not fluoresce. The differential diagnosis included morphea, hypopigmented mycosis fungoides, post-inflammatory hypomelanosis, or idiopathic guttate hypomelanosis. Histologically, an atypical intraepidermal lymphoid infiltrate was seen with scattered foci of globular amyloid deposition in the papillary dermis and in a perivenular distribution. Immunohistochemical stains revealed predominantly CD8 positive epidermotropic lymphocytes with partial loss of CD7. T-cell gene rearrangement studies were positive for clonality.

15. SUBJECT TERMS

16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON
a. REPORT	b. ABSTRACT	c. THIS PAGE			Clarice Longoria
			UU		19b. TELEPHONE NUMBER *(Include area code)* 210-292-7141

Approved for public release. Distribution is unlimited.

Secondary localized cutaneous amyloidosis is often not clinically apparent, but may be seen histologically. It is associated with several skin tumors, and has been reported with PUVA use. To date, there are three reported cases of secondary localized cutaneous amyloidosis associated with mycosis fungoides prior to any treatment. We present a case of a 39-year-old female who presented to the dermatology clinic for evaluation of facial acne. During the exam, several 5-10mm hypopigmented patches were noted on the bilateral ventral forearms. Upon questioning, the patient reported a 16 year history of these asymptomatic lesions which had been diagnosed as vitiligo; she denied prior treatments. No lymphadenopathy was noted. Under wood's lamp, the lesions did not fluoresce. The differential diagnosis included morphea, hypopigmented mycosis fungoides, post-inflammatory hypomelanosis, or idiopathic guttate hypomelanosis. Histologically, an atypical intraepidermal lymphoid infiltrate was seen with scattered foci of globular amyloid deposition in the papillary dermis and in a perivenular distribution. Immunohistochemical stains revealed predominantly CD8 positive epidermotropic lymphocytes with partial loss of CD7. T-cell gene rearrangement studies were positive for clonality. The diagnosis of stage 1A mycosis fungoides with secondary cutaneous amyloidosis was made, and treatment with clobetasol was initiated. Due to the rare association of cutaneous amyloidosis with mycosis fungoides, the possibility of systemic amyloidosis was investigated with CMP, CBC, ANA, UA, UPEP, SPEP, and echocardiogram, with no significant findings. Per the patient's preference, she was also evaluated by hematology/oncology, with no changes to diagnosis or treatment. Outstanding clinical and histologic images will be presented.

"The views expressed are those of the [author(s)][presenter(s)] and do not reflect the official views or policy of the Department of Defense or it's Components"

Secondary localized cutaneous amyloidosis associated with mycosis fungoides

Kate Kimes, D.O., CPT, USA

San Antonio Uniformed Services Education Consortium

Disclosures

- Kate Kimes, D.O.
- Stephanie McLeish, M.D.
- Margaret Abuzeid, M.D.

- No relevant relationships with industry to disclose

- Opinions expressed are those of the authors and are not to be construed as official or as representing those of the U.S. Air Force, U.S. Army, the Department of Defense, or the United States Government

Case presentation

- 39-year-old Fitz IV female presented to the dermatology clinic for evaluation of facial acne
- Several 5-10mm hypopigmented macules and patches on the bilateral ventral forearms

Differential Diagnosis

- Idiopathic guttate hypomelanosis
- Post-inflammatory hypopigmentation
- Pityriasis alba
- Lichen sclerosus
- Tinea versicolor
- Hypopigmented mycosis fungoides
- Vitiligo

Treatment

- Diagnosis: stage 1A mycosis fungoides with secondary cutaneous amyloidosis
- Labs: CMP, CBC, ANA, UA, UPEP, SPEP and echocardiogram, with no significant findings
- Treatment: topical clobetasol

Discussion

- Associated with several skin tumors:
  - Pilomatricoma
  - Seborrheic keratosis
  - Basal cell carcinoma
  - Bowen's disease

Discussion

- Friction/pruritus
- Apoptotic keratinocytes and cytokeratins

References

- Bolognia JL, Jorizzo JL, Schaffer JV. Dermatology 3rd edition. Philadelphia: Elsevier Saunders, 2012.
- Izumi K, Arita K, Horie K, Hoshina D, Shimizu H. Localized cutaneous amyloidosis associated with poikilodermatous mycosis fungoides. Acta Derm Venereol 2014; 94:225-226.
- Nam CH, Park MK, Choi MS, Hong SP, Park BC, Kim MH. Secondary cutaneous amyloidosis in a patient with mycosis fungoides. Ann Derm 2017; 29(1):79-82.
- Romero LS, Kantor GR, Levin MW, Vonderheid EC. Localized cutaneous amyloidosis associated with mycosis fungoides. J. Am Acad Dermatol 1997; 37:124-127.

Thank you!